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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLAGEER DOLL	AR SALE CORP	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Isaiali Marquez Alfonzo		
		Name of Contact Person	n
	Flagler Dollar Sale Corp		
		Firm/ Company	
	1518 W Flagler Street		
		Address	
	Miami, FL 33135		
		City/ State and Zip Cod	e e
For further information	n concerning this matter, pleas	ee call:	,
saiali Marquez Alfon	ZO		378-0592
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

77

FLAGLER DOLLAR SALE CORP

2019-007-7 78 9:14

(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)	
P13000085855		<i>'-</i>	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
PA' QUE ROSA CORP		The new	
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		1518 W FLAGLER STREET	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI FL 33135	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1518 W FLAGLER STREET	
		MIAMI FL 33135	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Ayent	Isaiali Marquez Alfonzo		
	1518 W Flagler Street		
	(Florida s	treet address)	
<u>New Registered Office Address:</u>	Miami	, Florida 33135	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		it: with and accept the obligations of the position.	
	Sancel 14	luç.	
	Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		y smun, 37 us un Aud.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MATIAS RAMON REYES	1518 W FLAGLER STREET
Add			MIAMI, FL 33135
X Remove			
2) Change	VP	MAYCOL REYES MENDEZ	1518 W FLAGLER STREET
Add			MIAMI, FL 33135
X Remove			
3) Change	P,D	ISAIALI MARQUEZ ALFONZO	1518 W FLAGLER STREET
X Add			MIAMI, FL 33135
Remove			
4) Change	VP,D	CHRISTIAN NAVARRO ESCUDE	1518 W FLAGLER STREET
X Add			MIAMI, FL 33135
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
/A	
•	
<u>, , , , , , , , , , , , , , , , , , , </u>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

• • •	OCTOBER 1, 2019	
The date of each amendment(s) addate this document was signed.		, if other than th
	OBER 1, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days c	ıfter amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The numbe officient for approval.	r of votes cast for the amendment(s)
	proved by the shareholders through vot each voting group entitled to vote sep	
"The number of votes cast	for the amendment(s) was/were suffic	ient for approval
by	(voting group)	91
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without	shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shar	reholder action and shareholder
OCTOBER Dated Signature	Succeli Hills	
(By ke di selecte	irector, president or other officer — af od, by an incorporator—if in the hands ted fiduciary)	
	ISAIALI MARQUEZ ALFONZO	
	(Typed or printed name of	person signing)
	PRESIDENT AND DIRECTOR	
	(Title of perso	on signing)